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KEY WORDS

Oral health, Quality of life, Sickness impact profile, Health of the elderly.

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ORIGINAL ARTICLE

Oral health and quality of life of the elderly.

Introduction: The Brazilian population has been aging rapidly since the early 1960s, when the age structure of the population began to change. In 1996, only 5% of the population was 60 years old or more, while today they are 9% of the population.

Objective: The objective of this study is to assess oral health conditions of the elderly who live in Vila dos Idosos, collecting information about their condition of life, and trying to correlate how much oral health can compromise the quality of life and autonomy of these elderly people.

Methods: Data collection was carried out through questionnaires and clinical examination; elderly people over 60 years old, of both sexes, were interviewed. All interviews were conducted in the Vila dos Idosos itself.

Results: The results show that tooth loss or the use of inadequate prostheses has negative impacts on quality of life, especially with regard to worry, stress resulting from problems in the mouth and shame. It was obtained in the research that, in general, oral health in the elderly is fragile, requiring greater attention from health professionals; however, when self-perceived oral health is analyzed, the vast majority assess it as very good or good.

Conclusion: The most important finding of the study was that, although the data obtained indicate a fragile oral health that reveals a commitment to quality of life, the vast majority of the elderly evaluated their own health positively. This may indicate that, for this population, health oral health is dissociated from health.

Saúde bucal e qualidade de vida dos idosos.

Introdução: A população brasileira está envelhecendo rapidamente desde o início dos anos 1960, quando a estrutura etária da população começou a mudar. Em 1996, apenas 5% da população tinha 60 anos ou mais, enquanto hoje eles são 9% da população.

Objetivo: O objetivo deste estudo é avaliar as condições de saúde bucal de idosos que vivem em Vila dos Idosos, coletando informações sobre sua condição de vida e tentando correlacionar o quanto a saúde bucal pode comprometer a qualidade de vida e a autonomia desses idosos. pessoas.

Métodos: A coleta de dados foi realizada através de questionários e exame clínico; idosos com mais de 60 anos, de ambos os sexos, foram entrevistados. Todas as entrevistas foram realizadas na própria Vila dos Idosos.

Resultados: Os resultados mostram que a perda dentária ou o uso de próteses inadequadas têm impactos negativos na qualidade de vida, principalmente no que se refere à preocupação, estresse decorrente de problemas na boca e vergonha. Foi obtido na pesquisa que, em geral, a saúde bucal em idosos é frágil, exigindo maior atenção dos profissionais de saúde; no entanto, quando a saúde bucal percebida é analisada, a grande maioria a avalia como muito boa ou boa.

Conclusão: O achado mais importante do estudo foi que, embora os dados obtidos indiquem uma saúde bucal frágil que revela comprometimento com a qualidade de vida, a grande maioria dos idosos avaliou positivamente sua própria saúde. Isso pode indicar que, para essa população, a saúde bucal é dissociada da saúde.

Palavras chave: Saúde bucal, Qualidade de vida, Perfil de impacto da doença. Saúde do idoso.



INTRODUCTION

In Brazil, as well as in more developed countries, technological advances and advances in studies in the health field lead to an increase in life expectancy for men. [1]

The Brazilian population has been aging rapidly since the early 1960s, when the fall in fertility rates began to change the age structure of the population. In 2020, about 9% of the population will be 60 years old or older, against 5% in 1996 [2,3,4]

Oral health has been relegated to oblivion, in the Brazilian case, when discussing the health conditions of the elderly population. [5]

Total loss of teeth is accepted by society in general as something normal and natural with advancing age, which is false. [6]

In the Oral Health Epidemiological Survey, carried out by the Ministry of Health (MS) in 1986, it was found as a result, there are no effective measures to prevent the recurrence of caries in the population, causing new needs to arise, which will never be exhausted as long as the current model of care for the disease is maintained [7].

Considering that in the last decades oral health has not been valued by people in general and that prevention in Dentistry in Brazil only started to arouse interest from the end of the decade of 70, it is assumed that the elderly population group must have low levels of oral health. [8] Although there are no oral diseases directly related to old age, some problems, such as decreased masticatory capacity, difficulty swallowing, dry mouth, changes in taste and loss of vertical dimension have negative and harmful cumulative effects for the individual [8]. This makes it difficult for the elderly, that is, unable to perform daily activities independently, significantly compromising quality of life. [9]

It is through health promotion and disease prevention programs that quality of life can be given to these people. The quality of life and the lack of autonomy is also related to the oral condition. This study aims to correlate the oral health of the elderly with the quality of life.

METHODS

The study was carried out in a group of 91 elderly people aged 60 to 90 years, of both sexes, who live in the Village of the Elderly.

Two questionnaires were applied, in Village of the Elderly itself, in isolated spaces, which allowed individualized assistance. The Oral Health Impact Profile - OHIP-14, version in



Portuguese, and a self-assessment questionnaire on oral health, adapted by Silva et al. [10]

The OHIP-14 questionnaire has been widely used to indicate the aspects of quality of life most affected by oral health status and is a strong ally in establishing better approaches for comprehensive patient care. This instrument allows to indicate the dimensions of the quality of life affected by the oral health condition.

The completion of the questionnaire allowed the collection of data for the sample, including the variables of gender, age, marital status, time and use of prosthesis.

The oral health self-assessment questionnaire, adapted by Silva and Valsecki Júnior, 2000, [11] aims at researching how the elderly analyze their oral health, their self-perception of health.

RESULTS

91 elderly individuals ranging from 60 to 80 years old, of both sexes, all with an income of up to three minimum wages, were evaluated. Of the total, 43% were men and 57% women.

The OHIP showed that 11% of the elderly people rated their oral health as poor, 5.5% as poor, 27.5% as fair, 40.7% as good and 15.4% as excellent.

Regarding self-perceived oral health, 10% of the elderly people rated their oral health as poor; 5% as bad; 29% as regular; 42% as good and 14% as great.

Regarding problems with your teeth, 34.1% report having or having problems with their teeth, 24.2% deny any type of adversity, and 65.9% admit to having gum problems.

We observed the presence of inflammatory fibrous hyperplasia in the region of the bottom of the groove and palate, prosthetic stomatitis, tongue coating, angular cheilitis and salivary calculus. Inflammatory fibrous hyperplasia in the region of the bottom of the groove and palate, prosthetic stomatitis, tongue coating, angular cheilitis and presence of salivary calculation.

Oral changes were also found within the normal range, such as lingual varicosities and melanic spots.

Another important factor to be reported in this research was the high percentage of elderly people who use complete dentures: 93% of those surveyed are patients with upper and lower dentures.

The emotional factor of these elderly people was also evaluated and demonstrated the non-acceptance of tooth loss, their feelings about tooth loss are negative. A great functional



impairment was noticed, such as eating, chewing or talking; and social as changes in behavior, dissatisfaction with appearance, impairment in social acceptance.

Reports from the elderly show that the absence of teeth makes it difficult to chew hard and consistent foods. They report shame due to the absence of teeth with a consequent obstacle to speech.

This study is an adaptation in English of the original " Vaccarezza, Gabriela Furst, Raissa Lopes Fuga, and Stephanie Regiane Prata Ferreira. "Saúde bucal e qualidade de vida dos idosos." *Revista de Odontologia da Universidade Cidade de São Paulo* 22.2 (2017): 134-137." [12] and follows the principles of free use or reproduction through the Creative Commons Attribution 4.0 International License.

DISCUSSION AND COCNLUSION

It is observed that their clinical condition, in general, is precarious. The data found suggest that the quality of life of most of the study participants was compromised, in some way, by oral conditions and / or their sequelae. Despite this, more than half of the elderly evaluated considered that oral health was good or excellent. This fact can demonstrate that, in some way, these elderly people do not take oral health into consideration when they think about their life and its quality. As if oral health is separate from health.

After analyzing the data, it was evident that most people see their oral condition in a favorable way, even in unsatisfactory clinical conditions. This fact can be explained because the clinical health measures used by the teaching professionals are relatively weak in terms of people's perception of oral health.

These results indicate a greater need for the elderly to care for public health services. In addition to the implementation of curative and rehabilitation services, the development of preventive and educational actions would also be necessary. [11]

Unfortunately, the prosthesis objectives that motivate its use in the rehabilitation of the patient, aiming at aesthetics, function, phonetics and comfort, may, due to the installation of poorly adapted prostheses and the patient's lack of guidance, adversely affect the final treatment prognosis. , with the appearance, for example, of oral lesions [9].

Functional and emotional impairment cannot be overlooked by professionals when caring for the elderly. Despite being an exploratory study, with few cases, another issue is important: the implementation of a dental prosthesis service in the public sector.

Such a measure should be seen as prophylactic, since the lack of teeth causes other health



problems, aggravating the existing ones and worsening the quality of life of the elderly Brazilian population. [8]

INTEREST CONFLICTS

The authors declare no conflicts of interest

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